

<b>United States Bankruptcy Court Northern District of Illinois</b>							<b>Voluntary Petition</b>												
Name of Debtor (if individual, enter Last, First, Middle): <b>Caballero, Bernardo D</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Caballero, Ailen</b>															
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>fka Ailen Fernandez</b>															
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>2454</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>3947</b>															
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>251 Mimosa Lane Elk Grove Village, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>251 Mimosa Lane Elk Grove Village, IL</b>															
ZIPCODE <b>60007</b>				ZIPCODE <b>60007</b>															
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business: <b>Cook</b>															
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):															
ZIPCODE				ZIPCODE															
Location of Principal Assets of Business Debtor (if different from street address above):																			
ZIPCODE																			
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____			<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.													
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).														
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									<b>THIS SPACE IS FOR COURT USE ONLY</b>										
Estimated Number of Creditors <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>										<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000		<input type="checkbox"/> Over 100,000									
Estimated Assets <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1 million to \$10 million</td><td><input type="checkbox"/> \$10 million to \$50 million</td><td><input type="checkbox"/> \$50 million to \$100 million</td><td><input type="checkbox"/> \$100 million to \$500 million</td><td><input type="checkbox"/> \$500,000 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>										<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion										
Estimated Liabilities <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input checked="" type="checkbox"/> \$1 million to \$10 million</td><td><input type="checkbox"/> \$10 million to \$50 million</td><td><input type="checkbox"/> \$50 million to \$100 million</td><td><input type="checkbox"/> \$100 million to \$500 million</td><td><input type="checkbox"/> \$500,000 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>									<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion	
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Caballero, Bernardo D &amp; Caballero, Ailen</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<div style="text-align: center;"><b>Exhibit A</b></div> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<div style="text-align: center;"><b>Exhibit B</b></div> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <b>X /s/ Randall A. Wolff</b>  <small>Signature of Attorney for Debtor(s)</small> </div> <div style="text-align: right;"> <b>8/21/08</b>  <small>Date</small> </div> </div>	
<div style="text-align: center;"><b>Exhibit C</b></div> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p> <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.  <input checked="" type="checkbox"/> No       </p>			
<div style="text-align: center;"><b>Exhibit D</b></div> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.</p>			
<div style="text-align: center;"><b>Information Regarding the Debtor - Venue</b></div> <p style="text-align: center;">(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<div style="text-align: center;"><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b></div> <p style="text-align: center;">(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <div style="margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 80%; margin: 0 auto;"></div> <div style="text-align: center; font-size: small;">(Name of landlord or lessor that obtained judgment)</div> <div style="border-bottom: 1px solid black; width: 80%; margin: 5px auto;"></div> <div style="text-align: center; font-size: small;">(Address of landlord or lessor)</div> </div> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Caballero, Bernardo D &amp; Caballero, Ailen</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Bernardo D Caballero</u> Signature of Debtor <b>Bernardo D Caballero</b>  <b>X</b> <u>/s/ Ailen Caballero</u> Signature of Joint Debtor <b>Ailen Caballero</b>  _____ Telephone Number (If not represented by attorney) <b>August 21, 2008</b> Date		<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Randall A. Wolff</u> Signature of Attorney for Debtor(s) <b>Randall A. Wolff 6188405</b> Printed Name of Attorney for Debtor(s) <b>Randall A. Wolff</b> Firm Name <b>3325 N. Arlington Hts. Rd., Ste. 500</b> Address <b>Arlington Heights, IL 60004-1584</b>  _____ Telephone Number <b>August 21, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b> I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address   <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

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United States Bankruptcy Court  
Northern District of Illinois

IN RE:

**Caballero, Bernardo D**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Bernardo D Caballero

Date: August 21, 2008

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United States Bankruptcy Court  
Northern District of Illinois

IN RE:

**Caballero, Ailen**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Ailen Caballero

Date: August 21, 2008

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Caballero, Bernardo D & Caballero, Ailen**Chapter **7**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 230,000.00		
B - Personal Property	Yes	3	\$ 7,159.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 1,139,243.42	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 3,117.74	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	16		\$ 1,399,408.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 9,138.80
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 10,945.76
<b>TOTAL</b>		<b>29</b>	<b>\$ 237,159.00</b>	<b>\$ 2,541,769.66</b>	

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**United States Bankruptcy Court**  
**Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Caballero, Bernardo D & Caballero, Ailen**

Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>3,117.74</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>3,117.74</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>9,138.80</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>10,945.76</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>3,466.66</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>909,243.42</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>3,117.74</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>1,399,408.50</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>2,308,651.92</b>

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
1142 N. Central Ave., Chicago, IL (Debtor believes that the property is in foreclosure or has been foreclosed)		J	unknown	0.00
1738 N. Latrobe, Chicago, IL 60639 (Debtor believes property has been foreclosed)	Fee Simple	H	unknown	0.00
2115-25 N. Central Park Ave., Chicago, IL (Debtor is buying on contract)		J	unknown	0.00
2438 N. Laramie Ave., Chicago, IL 60639 (Debtor believes property has been foreclosed)	Fee Simple	H	unknown	0.00
251 Mimosa Lane, Elk Grove Village, IL 60007	Fee Simple	J	230,000.00	280,820.00
4050 W. Courtland, Chicago, IL 60639 (Debtor believes property has been foreclosed)	Fee Simple	H	unknown	0.00

**TOTAL 230,000.00**

(Report also on Summary of Schedules)



IN RE **Caballero, Bernardo D & Caballero, Ailen**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>On person</b>	<b>H</b>	<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Charter One Bank / checking acct.</b>	<b>H</b>	<b>2,500.00</b>
		<b>Third Bank / checking acct.</b>	<b>H</b>	<b>9.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Furniture and computer (3 years old)</b>	<b>J</b>	<b>600.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Clothing</b>	<b>J</b>	<b>500.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>GCS Transportation, Inc. (100% owner)</b>	<b>H</b>	<b>unknown</b>
		<b>Interest in BCS Transportation Inc. (Debtor states current monthly business income exceeds current monthly business expenses)</b>	<b>J</b>	<b>0.00</b>

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1996 Toyota Corolla</b> <b>1999 Nissan Quest</b>	<b>H</b> <b>W</b>	<b>1,000.00</b> <b>2,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>7,159.00</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
 Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
(Select one box)

☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE A - REAL PROPERTY</b>			
251 Mimosa Lane, Elk Grove Village, IL 60007	735 ILCS 5 §12-901	30,000.00	230,000.00
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
On person	735 ILCS 5 §12-1001(b)	50.00	50.00
Charter One Bank / checking acct.	735 ILCS 5 §12-1001(b)	2,500.00	2,500.00
Third Bank / checking acct.	735 ILCS 5 §12-1001(b)	9.00	9.00
Furniture and computer (3 years old)	735 ILCS 5 §12-1001(b)	600.00	600.00
Clothing	735 ILCS 5 §12-1001(a)	500.00	500.00
1996 Toyota Corolla	735 ILCS 5 §12-1001(c)	1,000.00	1,000.00
1999 Nissan Quest	735 ILCS 5 §12-1001(c)	2,500.00	2,500.00

IN RE **Caballero, Bernardo D & Caballero, Ailen**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>5163509700</b> <b>Bank United Fsb</b> <b>7815 Nw 148th St</b> <b>Miami Lakes, FL 33016</b>	H	<b>Mortgage account opened 12/04 Debtor's residence</b>  VALUE \$ <b>230,000.00</b>				<b>203,820.00</b>	
ACCOUNT NO. <b>Comdata Network</b> <b>10635 Scripps Ranch Blvd. Suite F</b> <b>San Diego, CA 92131</b>	H	<b>Debtor believes that he may have personally guaranteed this loan and that it may have been secured by business collateral</b>  VALUE \$				<b>2,900.00</b>	<b>2,900.00</b>
ACCOUNT NO. <b>Donald Hoppa</b> <b>6463 West Byron Street</b> <b>Chicago, IL 60634</b>	H	<b>Land Contract for the purchase of 2115 N. Central Park Chicago, IL</b>  VALUE \$				<b>700,000.00</b>	<b>700,000.00</b>
ACCOUNT NO. <b>4189953-001</b> <b>GE Transportation Finance</b> <b>PO Box 822108</b> <b>Philadelphia, PA 19182</b>	H	<b>Installment agreement (GCS Transportation); secured by former corporate assets</b>  VALUE \$				<b>53,959.52</b>	<b>53,959.52</b>
Subtotal (Total of this page)						<b>\$ 960,679.52</b>	<b>\$ 756,859.52</b>
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.	J	Secured by former corporate invoices				101,563.90	101,563.90
Laurie A. Martin 1 Prudential Plaza 130 East Randolph St. Chicago, IL 60601		VALUE \$					
ACCOUNT NO. 6541390327	J	Home Equity Line				77,000.00	50,820.00
Wells Fargo P.O.Box 5470 Los Angeles, CA 90054-0789		VALUE \$ 230,000.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 178,563.90	\$ 152,383.90
Total (Use only on last page)						\$ 1,139,243.42	\$ 909,243.42

Sheet no. 1 of 1 continuation sheets attached to

Schedule of Creditors Holding Secured Claims

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Caballero, Bernardo D & Caballero, Ailen

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)**

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>13-28-330-038-0000</b> <b>Cook County Treasurer</b> <b>PO Box 4468</b> <b>Carol Stream, IL 60197</b>	<b>J</b>	<b>2005 First Installment Property</b> <b>Taxes (2438 N. Laramie Ave.)</b>				<b>3,117.74</b>	<b>3,117.74</b>	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
 (Totals of this page)

\$ **3,117.74** \$ **3,117.74** \$

Total

\$ **3,117.74**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,  
 report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **3,117.74** \$



IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>14848747</b> <b>AllianceOne</b> <b>PO Box 3102</b> <b>Southeastern, PA 19398</b>	<b>H</b>	<b>Collection account for Windstream Communications (GCS Transportation)</b>				<b>632.77</b>
ACCOUNT NO. <b>3499907474390343</b> <b>Amex</b> <b>P.O. Box 981537</b> <b>El Paso, TX 79998</b>	<b>H</b>	<b>Revolving account opened 11/00</b>				<b>36,673.00</b>
ACCOUNT NO. <b>Nationwide Credit, Inc.</b> <b>PO Box 740640</b> <b>Atlanta, GA 30374</b>		<b>Assignee or other notification for: Amex</b>				
ACCOUNT NO. <b>094-2-0002194329</b> <b>Arlington Ridge Pathology</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>21.00</b>

15 continuation sheets attached

Subtotal  
(Total of this page) \$ **37,326.77**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>KCA Financial Services</b> <b>628 North Street</b> <b>PO Box No. 53</b> <b>Geneva, IL 60134</b>		<b>Assignee or other notification for:</b> <b>Arlington Ridge Pathology</b>				
ACCOUNT NO. <b>094-1-0002197314</b> <b>Arlington Ridge Pathology</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>69.00</b>
ACCOUNT NO. <b>094-1-0002276658</b> <b>Arlington Ridge Pathology</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>91.00</b>
ACCOUNT NO. <b>07 L 006596</b> <b>Askounis &amp; Borst, PC</b> <b>180 N. Stetson St.</b> <b>Chicago, IL 60601</b>	<b>H</b>	<b>Attorneys for Financial Pacific Leasing</b>				<b>unknown</b>
ACCOUNT NO. <b>066498</b> <b>Assoc. In Obstetrics/Gynecology</b> <b>4121 Dutchmans Ln., Ste. 300</b> <b>Louisville, KY 40207</b>	<b>J</b>	<b>Medical services</b>				<b>151.00</b>
ACCOUNT NO. <b>4264-2956-7855-6787</b> <b>Bank Of America</b> <b>PO Box 15726</b> <b>Wilmington, DE 19886</b>	<b>H</b>	<b>Revolving credit</b>				<b>32,592.98</b>
ACCOUNT NO. <b>Bibby Transportation Finance, Inc.</b> <b>5120 Virginia Way Ste. C23</b> <b>Brentwood, TN 37027</b>	<b>J</b>	<b>11/06 personal guaranty of business related lease</b>				<b>0.00</b>

Sheet no. 1 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **32,903.98**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>14830143080110896</b> <b>Cach Llc</b> <b>370 17th St Ste 5000</b> <b>Denver, CO 80202</b>	<b>H</b>	<b>Open account opened 1/08</b>				<b>32,475.00</b>
ACCOUNT NO. <b>Bronson &amp; Migliaccio, LLP</b> <b>Bldg. 6, Suite 316A</b> <b>799 Roosevelt Rd.</b> <b>Glen Ellyn, IL 60137</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>14738197071200367</b> <b>Cach Llc</b> <b>370 17th St Ste 5000</b> <b>Denver, CO 80202</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>7,022.00</b>
ACCOUNT NO. <b>Pentagroup Financial, LLC</b> <b>5959 Corporate Dr., Ste. 1400</b> <b>Houston, TX 77036</b>		<b>Assignee or other notification for:</b> <b>Cach Llc</b>				
ACCOUNT NO. <b>111000000714941242</b> <b>Capital Management Services</b> <b>726 Exchange St., Ste. 700</b> <b>Buffalo, NY 14210</b>	<b>H</b>	<b>Collection service (GCS Transportation)</b>				<b>4,341.52</b>
ACCOUNT NO. <b>558250861400</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>H</b>	<b>Revolving account opened 11/06</b>				<b>2,072.00</b>
ACCOUNT NO. <b>RMS</b> <b>240 Emery Street</b> <b>PO Box 20410</b> <b>Lehigh Valley, PA 18002</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				

Sheet no. 2 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **45,910.52**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>540168302405</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>H</b>	<b>Revolving account opened 5/06</b>				<b>2,144.00</b>
ACCOUNT NO. <b>Frederick J. Hanna &amp; Assoc.</b> <b>1427 Roswell Rd.</b> <b>Marietta, GA 30062</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				
ACCOUNT NO. <b>422581094001</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>H</b>	<b>Revolving account opened 4/98</b>				<b>29,998.00</b>
ACCOUNT NO. <b>Creditors Financial Group</b> <b>3131 S. Vaughn Way, Ste. 110</b> <b>Aurora, CO 80014</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				
ACCOUNT NO. <b>Viking Collection Service</b> <b>PO Box 29210</b> <b>Phoenix, AZ 85038</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				
ACCOUNT NO. <b>558250861745</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>H</b>	<b>Revolving account opened 3/07</b>				<b>22,625.00</b>
ACCOUNT NO. <b>RMS</b> <b>240 Emery Street</b> <b>PO Box 20410</b> <b>Lehigh Valley, PA 18002</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				

Sheet no. 3 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **54,767.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>518748110033</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>W</b>	<b>Revolving account opened 8/03</b>				<b>16,914.00</b>
ACCOUNT NO. <b>Capital Management Services</b> <b>726 Exchange St., Ste. 700</b> <b>Buffalo, NY 14210</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				
ACCOUNT NO. <b>540168304204</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>W</b>	<b>Revolving account opened 4/06</b>				<b>14,252.00</b>
ACCOUNT NO. <b>National Action Financial</b> <b>165 Lawrence Bell Dr., Ste. 100</b> <b>PO Box 9027</b> <b>Williamsville, NY 14231</b>		<b>Assignee or other notification for:</b> <b>Chase</b>				
ACCOUNT NO. <b>772768494093</b> <b>Chicago, City Of</b> <b>The Dept. Of Water Management</b> <b>PO Box 6330</b> <b>Chicago, IL 60680</b>	<b>H</b>	<b>4050 W. Cortland St.</b>				<b>359.31</b>
ACCOUNT NO. <b>793141496150</b> <b>Chicago, City Of</b> <b>The Dept. Of Water Management</b> <b>PO Box 6330</b> <b>Chicago, IL 60680</b>	<b>H</b>	<b>2438 N. Laramie Ave.</b>				<b>624.49</b>
ACCOUNT NO. <b>772056316965</b> <b>Chicago, City Of</b> <b>The Dept. Of Water Management</b> <b>PO Box 6330</b> <b>Chicago, IL 60680</b>	<b>H</b>	<b>1142 N. Central Ave.</b>				<b>302.32</b>

Sheet no. 4 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **32,452.12**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>777303319415</b> <b>Chicago, City Of</b> <b>The Dept. Of Water Management</b> <b>PO Box 6330</b> <b>Chicago, IL 60680</b>	<b>H</b>	<b>1738 N. Latrobe Ave.</b>				<b>286.84</b>
ACCOUNT NO. <b>36 G 1064967</b> <b>Children's Memorial Medical Group</b> <b>75 Remittance 1312</b> <b>Chicago, IL 60675</b>	<b>J</b>	<b>Medical services</b>				<b>1,039.24</b>
ACCOUNT NO. <b>542418051245</b> <b>Citi</b> <b>Po Box 6241</b> <b>Sioux Falls, SD 57117</b>	<b>W</b>	<b>Revolving account opened 7/00</b>				<b>5,142.00</b>
ACCOUNT NO. <b>Academy Collection Service</b> <b>10965 Decatur Rd.</b> <b>Philadelphia, PA 19154</b>		<b>Assignee or other notification for:</b> <b>Citi</b>				
ACCOUNT NO. <b>07 CH 20858</b> <b>Codilis, Ernest J., Jr.</b> <b>15W030 N. Frontage Rd.</b> <b>Burr Ridge, IL 60527</b>	<b>H</b>	<b>Attorney for Deutsche Bank</b>				<b>unknown</b>
ACCOUNT NO. <b>3811275049</b> <b>ComEd</b> <b>Bill Payment Center</b> <b>Chicago, IL 60668</b>	<b>H</b>	<b>2438-40 N. Laramie Ave., Unit H</b>				<b>411.09</b>
ACCOUNT NO. <b>0743399</b> <b>CPA Lab</b> <b>PO Box 950251</b> <b>Louisville, KY 40295</b>	<b>J</b>	<b>Medical services</b>				<b>190.00</b>

Sheet no. 5 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **7,069.17**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>601100751068</b> <b>Discover Fin Svcs Llc</b> <b>Po Box 15316</b> <b>Wilmington, DE 19850</b>	<b>W</b>	<b>Revolving account opened 4/01</b>				<b>9,790.00</b>
ACCOUNT NO. <b>Encore</b> <b>PO Box 47248</b> <b>Oak Park, MI 48237</b>		<b>Assignee or other notification for: Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>FMA Alliance, Ltd.</b> <b>11811 North Freeway, Ste. 900</b> <b>Houston, TX 77060</b>		<b>Assignee or other notification for: Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>601100743029</b> <b>Discover Fin Svcs Llc</b> <b>Po Box 15316</b> <b>Wilmington, DE 19850</b>	<b>H</b>	<b>Revolving account opened 5/00</b>				<b>18,239.00</b>
ACCOUNT NO. <b>Collectioncorp Corp.</b> <b>455 N. 3rd St., Ste. 260</b> <b>Phoenix, AZ 85004</b>		<b>Assignee or other notification for: Discover Fin Svcs Llc</b>				
ACCOUNT NO. <b>51809</b> <b>Elk Grove Park District</b> <b>499 Biesterfield Rd.</b> <b>Elk Grove Village, IL 60007</b>	<b>H</b>	<b>Membership dues</b>				<b>36.00</b>
ACCOUNT NO. <b>5890011851912</b> <b>Emc Mortgage</b> <b>800 State Highway 121 By</b> <b>Lewisville, TX 75067</b>	<b>H</b>	<b>Mortgage account opened 8/05</b>				<b>85,607.00</b>

Sheet no. 6 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **113,672.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5890012414439</b> <b>Emc Mortgage</b> <b>800 State Highway 121 By</b> <b>Lewisville, TX 75067</b>	<b>H</b>	<b>Mortgage account opened 7/05</b>				<b>41,704.00</b>
ACCOUNT NO. <b>5890011852662</b> <b>Emc Mortgage</b> <b>800 State Highway 121 By</b> <b>Lewisville, TX 75067</b>	<b>H</b>	<b>Mortgage account opened 8/05</b>				<b>102,743.00</b>
ACCOUNT NO. <b>512118</b> <b>Encore</b> <b>PO Box 47248</b> <b>Oak Park, MI 48237</b>	<b>H</b>	<b>Revolving credit (GCS Transportation)</b>				<b>4,341.52</b>
ACCOUNT NO. <b>07 L 006596</b> <b>Financial Pacific Leasing, LLC</b> <b>3455S. 344th Way #300</b> <b>Federal Way, WA 98001-9546</b>	<b>J</b>	<b>Debtor believes that he personally guaranteed a business related lease.</b>				<b>50,947.03</b>
ACCOUNT NO. <b>8045248</b> <b>First Revenue Assuranc</b> <b>200 Fillmore St Ste 300</b> <b>Denver, CO 80206</b>	<b>H</b>	<b>Unknown account opened 8/07</b>				<b>292.00</b>
ACCOUNT NO. <b>8045248</b> <b>First Revenue Assurance</b> <b>PO Box 3020</b> <b>Albuquerque, NM 87110</b>	<b>H</b>	<b>Collection account for AT&amp;T Mobility</b>				<b>344.01</b>
ACCOUNT NO. <b>07 CH 20069</b> <b>Freedman Anselmo Lindberg</b> <b>1807 W. Diehl</b> <b>PO Box 3107</b> <b>Naperville, IL 60566</b>	<b>H</b>	<b>Attorney for Bank New York</b>				<b>unknown</b>

Sheet no. 7 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **200,371.56**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$



IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 07 CH 20331  Freedman Anselmo Lindberg 1807 W. Diehl PO Box 3107 Naperville, IL 60566	H	Attorney for Mortgage Electronic				unknown
ACCOUNT NO. 359270956  Gmac Mortgage Po Box 4622 Waterloo, IA 50704	H	Mortgage account opened 11/05				106,619.00
ACCOUNT NO. 359224983  Gmac Mortgage Po Box 4622 Waterloo, IA 50704	H	Mortgage account opened 7/05				180,214.00
ACCOUNT NO. 6683001699119  Indymac Bank 1 National City Pkwy Kalamazoo, MI 49009	H	Mortgage account opened 11/05				399,920.00
ACCOUNT NO. 3388  Jalal Rais-Dana, MD 2809 Woodmere Northbrook, IL 60062	J	Medical services				35.00
ACCOUNT NO.  Laurie A. Martin Montplaisir Schuyler Roche 1 Prudential Plaza, Ste. 3800 Chicago, IL 60601	H	Secured by former corporate invoices				101,563.90
ACCOUNT NO. PAT-166690  Louisville/Jefferson Metro Gov. 437 S. 3rd St. Louisville, KY 40202	J	Medical services				354.00

Sheet no. 8 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **788,705.90**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>183744</b> <b>NCO Financial Systems</b> <b>Transcore / Trucker's Edge</b> <b>Box 3801, PO Box 8500</b> <b>Philadelphia, PA 19178</b>	<b>H</b>	<b>Past due account</b>				<b>399.19</b>
ACCOUNT NO. <b>322617</b> <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>	<b>H</b>	<b>Open account opened 10/03</b>				<b>283.00</b>
ACCOUNT NO. <b>49525591</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>185.24</b>
ACCOUNT NO. <b>C.B. Accounts, Inc.</b> <b>1101 Main St.</b> <b>Peoria, IL 61606</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>OSI Collection Services</b> <b>PO Box 959</b> <b>Brookfield, WI 53008</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>4024582</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>774.31</b>
ACCOUNT NO. <b>Pellettieri &amp; Associates</b> <b>Dept. 77304</b> <b>PO Box 77000</b> <b>Detroit, MI 48277</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				

Sheet no. 9 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **1,641.74**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>50679764</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>70.52</b>
ACCOUNT NO. <b>C.B. Accounts, Inc.</b> <b>1101 Main St.</b> <b>Peoria, IL 61606</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>51058381</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>390.64</b>
ACCOUNT NO. <b>C.B. Accounts, Inc.</b> <b>1101 Main St.</b> <b>Peoria, IL 61606</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>51058925</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>2,296.16</b>
ACCOUNT NO. <b>51059018</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>9.87</b>
ACCOUNT NO. <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>					<b>0.00</b>

Sheet no. 10 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **2,767.19**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>51837436</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>235.00</b>
ACCOUNT NO. <b>52333105</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>624.00</b>
ACCOUNT NO. <b>52395143</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>994.00</b>
ACCOUNT NO. <b>53064582</b> <b>Northwest Community Hospital</b> <b>PO Box 95698</b> <b>Chicago, IL 60694</b>	<b>J</b>	<b>Medical services</b>				<b>64.23</b>
ACCOUNT NO. <b>291-1-0000009733</b> <b>Northwest Community Physicians</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>286.80</b>
ACCOUNT NO. <b>KCA Financial Services</b> <b>628 North Street</b> <b>PO Box No. 53</b> <b>Geneva, IL 60134</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Physicians</b>				
ACCOUNT NO. <b>084-1-0002171397</b> <b>Northwest Community Physicians</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>12.20</b>

Sheet no. 11 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **2,216.23**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>KCA Financial Services</b> <b>628 North Street</b> <b>PO Box No. 53</b> <b>Geneva, IL 60134</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Physicians</b>				
ACCOUNT NO. <b>084-1-0002197314</b> <b>Northwest Radiology Assoc.</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>43.00</b>
ACCOUNT NO. <b>KCA Financial Services</b> <b>628 North Street</b> <b>PO Box No. 53</b> <b>Geneva, IL 60134</b>		<b>Assignee or other notification for:</b> <b>Northwest Radiology Assoc.</b>				
ACCOUNT NO. <b>084-1-0002276088</b> <b>Northwest Radiology Assoc.</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>61.00</b>
ACCOUNT NO. <b>8448743790</b> <b>Northwest Radiology Assoc.</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical services</b>				<b>22.80</b>
ACCOUNT NO. <b>KCA Financial Services</b> <b>628 North Street</b> <b>PO Box No. 53</b> <b>Geneva, IL 60134</b>		<b>Assignee or other notification for:</b> <b>Northwest Radiology Assoc.</b>				
ACCOUNT NO. <b>M00003594462</b> <b>Norton Healthcare</b> <b>Dept. 86100</b> <b>PO Box 36370</b> <b>Louisville, KY 40233</b>	<b>J</b>	<b>Medical services</b>				<b>1,437.00</b>

Sheet no. 12 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **1,563.80**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6656389</b> <b>Osi Collection Service</b> <b>1375 E Woodfield Rd Ste</b> <b>Schaumburg, IL 60173</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>185.00</b>
ACCOUNT NO. <b>6681926</b> <b>Osi Collection Service</b> <b>1375 E Woodfield Rd Ste</b> <b>Schaumburg, IL 60173</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>70.00</b>
ACCOUNT NO. <b>6744121</b> <b>Osi Collection Service</b> <b>1375 E Woodfield Rd Ste</b> <b>Schaumburg, IL 60173</b>	<b>W</b>	<b>Open account opened 2/08</b>				<b>70.00</b>
ACCOUNT NO. <b>OSI Collection Services</b> <b>PO Box 6110</b> <b>Westerville, OH 43086</b>	<b>H</b>	<b>Collection account for UPS (GCS Transporation)</b>				<b>192.74</b>
ACCOUNT NO. <b>54-8939344</b> <b>Pediatric Faculty Foundation, The</b> <b>PO Box 2787</b> <b>Springfield, IL 62708</b>	<b>J</b>	<b>Medical services</b>				<b>16.00</b>
ACCOUNT NO. <b>Illinois Collection Service</b> <b>PO Box 1010</b> <b>Tinley Park, IL 60477</b>		<b>Assignee or other notification for:</b> <b>Pediatric Faculty Foundation, The</b>				
ACCOUNT NO. <b>08 CH 19563</b> <b>Pierce &amp; Associates</b> <b>1 N. Dearborn St., Ste. 1300</b> <b>Chicago, IL 60602</b>	<b>H</b>	<b>Attorney for BankUnited</b>				<b>unknown</b>

Sheet no. **13** of **15** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **533.74**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>07 CH 21871</b> <b>Pierce &amp; Associates</b> <b>1 N. Dearborn St., Ste. 1300</b> <b>Chicago, IL 60602</b>	<b>H</b>	<b>Attorney for IndyMac Bank</b>				<b>unknown</b>
ACCOUNT NO. <b>4968292364</b> <b>Quest Diagnostic</b> <b>PO Box 64804</b> <b>Baltimore, MD 21264</b>	<b>J</b>	<b>Medical services</b>				<b>30.00</b>
ACCOUNT NO. <b>4507368250</b> <b>Quest Diagnostic</b> <b>PO Box 64804</b> <b>Baltimore, MD 21264</b>	<b>J</b>	<b>Medical services</b>				<b>30.00</b>
ACCOUNT NO. <b>AMCA</b> <b>PO Box 1235</b> <b>Elmsford, NY 10523</b>		<b>Assignee or other notification for: Quest Diagnostic</b>				
ACCOUNT NO. <b>313374191-SK</b> <b>RMS</b> <b>4836 Brtecksville Rd.</b> <b>PO Box 523</b> <b>Richfield, OH 44286</b>	<b>H</b>	<b>Collection account for PCS Software (GCS Transportation)</b>				<b>214.28</b>
ACCOUNT NO. <b>07 M1-219136</b> <b>Schur, William G.</b> <b>10 S. LaSalle St., Ste. 3500</b> <b>Chicago, IL 60603</b>	<b>H</b>	<b>Attorney fro Comdata Network</b>				<b>unknown</b>
ACCOUNT NO. <b>07 M1-141645</b> <b>Shindler, Keith Scott</b> <b>1990 E. Alginquin Rd., Ste. 180</b> <b>Schaumburg, IL 60173</b>	<b>H</b>	<b>Attorney for Overland Bond</b>				<b>unknown</b>

Sheet no. 14 of 15 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **274.28**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>65465413903270001</b> <b>Wells Fargo Bank Nv Na</b> <b>Po Box 31557</b> <b>Billings, MT 59107</b>	<b>H</b>	<b>Revolving account opened 6/05</b>				<b>74,543.00</b>
ACCOUNT NO. <b>157191266</b> <b>West Asset Management</b> <b>7820 E. Broadway Ave., Ste. 200</b> <b>Tucson, AZ 85710</b>	<b>H</b>	<b>Collection account for AT&amp;T</b>				<b>338.50</b>
ACCOUNT NO. <b>5856370689528223</b> <b>Wfnnb/harlem Furniture</b> <b>Po Box 2974</b> <b>Shawnee Mission, KS 66201</b>	<b>W</b>	<b>Revolving account opened 7/05</b>				<b>2,351.00</b>
ACCOUNT NO. <b>Client Services</b> <b>3451 Harry Truman Blvd.</b> <b>St. Charles, MO 63301</b>		<b>Assignee or other notification for:</b> <b>Wfnnb/harlem Furniture</b>				
ACCOUNT NO. <b>World Financial Network</b> <b>PO Box 182124</b> <b>Columbus, OH 43218</b>		<b>Assignee or other notification for:</b> <b>Wfnnb/harlem Furniture</b>				
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **15** of **15** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **77,232.50**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$ **1,399,408.50**



SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Donald Hoppa</b> <b>6463 West Byron Street</b> <b>Chicago, IL 60634</b>  <b>Maria L. Herber</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Jose Pomales</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Darnette Holter</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Janett Ortiz</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Pedro Ramos</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Maribel Cerrano</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Tereza Mercado</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>  <b>Roberta Jackson</b> <b>2115 N. Central Park Ave.</b> <b>Chicago, IL 60647</b>	<b>Debtor is a buyer on a land contract to purchase 2115 N. Central Park Chicago, IL</b>  <b>Lease agreement</b>   <b>Lease agreement</b>   <b>Lease agreement</b>   <b>Lease agreement</b>   <b>Lease agreement</b>   <b>Lease agreement</b>   <b>Lease agreement</b>   <b>Lease agreement</b>

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
 Debtor(s) (If known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>		DEPENDENTS OF DEBTOR AND SPOUSE	
		RELATIONSHIP(S): <b>Son Son</b>	AGE(S): <b>7 yrs 7 mos</b>
EMPLOYMENT: DEBTOR		SPOUSE	
Occupation	<b>Truck Driver</b>	<b>Unemployed</b>	
Name of Employer	<b>GCS Transportation Inc.</b>		
How long employed	<b>8 months</b>		
Address of Employer	<b>251 Mimosa Lane Elk Grove Village, IL 60007</b>		

**INCOME:** (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>3,466.66</b>	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 3,466.66</b>	<b>\$ 0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>727.86</b>	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 727.86</b>	<b>\$ 0.00</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 2,738.80</b>	<b>\$ 0.00</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ <b>6,400.00</b>	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 6,400.00</b>	\$ _____
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 9,138.80</b>	<b>\$ 0.00</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 9,138.80</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
Debtor(s) (If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>2,250.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>150.00</u>
b. Water and sewer	\$ <u>31.50</u>
c. Telephone	\$ <u>127.00</u>
d. Other <u>Garbage</u>	\$ <u>51.18</u>
3. Home maintenance (repairs and upkeep)	\$ <u>25.00</u>
4. Food	\$ <u>600.00</u>
5. Clothing	\$ _____
6. Laundry and dry cleaning	\$ _____
7. Medical and dental expenses	\$ _____
8. Transportation (not including car payments)	\$ <u>200.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>29.17</u>
b. Life	\$ <u>32.00</u>
c. Health	\$ <u>738.91</u>
d. Auto	\$ <u>100.00</u>
e. Other <u>Prepaid Legal</u>	\$ <u>36.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>6,562.00</u>
17. Other <u>Car Registration/License Plates</u>	\$ <u>13.00</u>
	\$ _____
	\$ _____

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 10,945.76

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$ <u>9,138.80</u>
b. Average monthly expenses from Line 18 above	\$ <u>10,945.76</u>
c. Monthly net income (a. minus b.)	\$ <u>-1,806.96</u>

IN RE Caballero, Bernardo D & Caballero, Ailen Case No. \_\_\_\_\_  
Debtor(s) (If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: August 21, 2008 Signature: /s/ Bernardo D Caballero  
**Bernardo D Caballero** Debtor

Date: August 21, 2008 Signature: /s/ Ailen Caballero  
**Ailen Caballero** (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Caballero, Bernardo D & Caballero, Ailen**Chapter **7**

Debtor(s)

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (Note: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ **76,800.00**

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income: \$ \_\_\_\_\_

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor)	\$ _____
4. Payroll Taxes	\$ _____
5. Unemployment Taxes	\$ _____
6. Worker's Compensation	\$ _____
7. Other Taxes	\$ _____
8. Inventory Purchases (Including raw materials)	\$ _____
9. Purchase of Feed/Fertilizer/Seed/Spray	\$ _____
10. Rent (Other than debtor's principal residence)	\$ _____
11. Utilities	\$ _____
12. Office Expenses and Supplies	\$ _____
13. Repairs and Maintenance	\$ _____
14. Vehicle Expenses	\$ _____
15. Travel and Entertainment	\$ _____
16. Equipment Rental and Leases	\$ _____
17. Legal/Accounting/Other Professional Fees	\$ _____
18. Insurance	\$ _____
19. Employee Benefits (e.g., pension, medical, etc.)	\$ _____
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):	\$ _____

21. Other (Specify): \$ **6,562.00**  
**See Continuation Sheet**

22. Total Monthly Expenses (Add items 3-21) \$ **6,562.00**

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME**

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2) \$ **-6,562.00**

IN RE Caballero, Bernardo D & Caballero, Ailen

Case No. \_\_\_\_\_

Debtor(s)

**BUSINESS INCOME AND EXPENSES**

Continuation Sheet - Page 1 of 1

Other:

<b>Monthly Land Contract Payment</b>	<b>5,375.00</b>
<b>Water</b>	<b>175.00</b>
<b>Electric</b>	<b>49.00</b>
<b>Garbage</b>	<b>210.00</b>
<b>Vacancy</b>	<b>320.00</b>
<b>Maintenance</b>	<b>433.00</b>

Page 40 of 59  
**United States Bankruptcy Court**  
**Northern District of Illinois**

IN RE:

Case No. \_\_\_\_\_

**Caballero, Bernardo D & Caballero, Ailen**Chapter **7**

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**20,000.00 2008 -- BCS Transportation****-120,000.00 2007****60,134.00 2006 -- GCS Transportation and/or ST Mortgage Resources****2. Income other than from employment or operation of business**

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**42,800.00 2006 -- Rental Income (2115 N. Central Park Ave., Chicago, IL 60647)****44,650.00 2007 -- Rental Income (2115 N. Central Park Ave., Chicago, IL 60647)**



### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Bank of New York v. Caballero, et al. Case No. 2007 CH 20069	Mortgage foreclosure	Circuit Court of Cook County, Illinois Chancery Dept.	Order approving sale (set for motion hearing) entered 5/21/08
Mortgage Electronic v. Caballero, et al. Case No. 2007 CH 20331	Mortgage foreclosure	Circuit Court of Cook County, IL Chancery Division	Pending
IndyMac Bank v. Caballero, et al. Case No. 2007 CH 21871	Mortgage foreclosure	Circuit Court of Cook County, IL Chancery Division	Order for Possession entered 5/13/08
Deutsche Bank v. Caballero, et al. Case No. 2007 CH 20858	Mortgage foreclosure	Circuit Court of Cook County, IL Chancery Division	Order for Possession entered 4/22/08
BankUnited v. Caballero, et al. Case No. 2008 CH 19563	Mortgage foreclosure	Circuit Court of Cook County, IL Chancery Division	Pending
Overland Bond v. Caballero, et al. Case No. 07 M1-141645	Contract	Circuit Court of Cook County, IL First Municipal District	Pending
ComData Network v. Caballero, et al. Case No. 2007 M1-219136	Contract	Circuit Court of Cook County, IL First Municipal District	Memorandum of Judgment filed 4/23/08
Financial Pacific Leasing v. Caballero, et al. Case No. 2007 L 006596	Contract	Circuit Court of Cook County, IL Law Division	DWP on 10/16/07

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER <b>Deutsche Bank</b> <b>C/O Codilis, Ernest J., Jr.</b> <b>15W030 N. Frontage Rd.</b> <b>Burr Ridge, IL 60527</b>  <b>IndyMac Bank</b> <b>C/O Pierce &amp; Associates</b> <b>1 N. Dearborn St., Ste. 1300</b> <b>Chicago, IL 60602</b>	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN <b>4/22/08</b>  <b>5/13/08</b>	DESCRIPTION AND VALUE OF PROPERTY   <b>Order for Possession of</b> <b>2438 N. Laramie Ave., Chicago, IL 60639</b>
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**6. Assignments and receiverships**

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**7. Gifts**

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE <b>Randall A. Wolff</b> <b>3325 N. Arlington Hts. Rd., Ste. 500</b> <b>Arlington Heights, IL 60004</b>	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR <b>6/02/08</b>	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY <b>1,200.00</b>
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**10. Other transfers**

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

#### 20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

#### 21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

#### 22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

#### 23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

#### 24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

#### 25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **August 21, 2008** Signature /s/ **Bernardo D Caballero**  
of Debtor **Bernardo D Caballero**

Date: **August 21, 2008** Signature /s/ **Ailen Caballero**  
of Joint Debtor **Ailen Caballero**  
(if any)

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Illinois**

IN RE:

Case No. \_\_\_\_\_

**Caballero, Bernardo D & Caballero, Ailen**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>251 Mimosa Lane, Elk Grove Village, IL 60</b>	<b>Bank United Fsb</b>		<b>Retain *</b>		
<b>251 Mimosa Lane, Elk Grove Village, IL 60</b>	<b>Wells Fargo</b>		<b>Retain *</b>		

\* Retain and pay pursuant to original contract

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

**08/21/2008****/s/ Bernardo D Caballero****/s/ Ailen Caballero**

Date

**Bernardo D Caballero**

Debtor

**Ailen Caballero**

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

United States Bankruptcy Court  
Northern District of Illinois

IN RE:

Case No. \_\_\_\_\_

Caballero, Bernardo D & Caballero, Ailen

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 80

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 21, 2008

/s/ Bernardo D Caballero

Debtor

/s/ Ailen Caballero

Joint Debtor

Caballero, Bernardo D  
251 Mimosa Lane  
Elk Grove Village, IL 60007

Bank Of America  
PO Box 15726  
Wilmington, DE 19886

Citi  
Po Box 6241  
Sioux Falls, SD 57117

Caballero, Ailen  
251 Mimosa Lane  
Elk Grove Village, IL 60007

Bank United Fsb  
7815 Nw 148th St  
Miami Lakes, FL 33016

Client Services  
3451 Harry Truman Blvd.  
St. Charles, MO 63301

Randall A. Wolff  
3325 N. Arlington Hts. Rd., Ste. 500  
Arlington Heights, IL 60004-1584

Bibby Transportation Finance, Inc.  
5120 Virginia Way Ste. C23  
Brentwood, TN 37027

Codilis, Ernest J., Jr.  
15W030 N. Frontage Rd.  
Burr Ridge, IL 60527

Academy Collection Service  
10965 Decatur Rd.  
Philadelphia, PA 19154

Bronson & Migliaccio, LLP  
Bldg. 6, Suite 316A  
799 Roosevelt Rd.  
Glen Ellyn, IL 60137

Collectioncorp Corp.  
455 N. 3rd St., Ste. 260  
Phoenix, AZ 85004

AllianceOne  
PO Box 3102  
Southeastern, PA 19398

C.B. Accounts, Inc.  
1101 Main St.  
Peoria, IL 61606

Comdata Network  
10635 Scripps Ranch Blvd. Suite F  
San Diego, CA 92131

AMCA  
PO Box 1235  
Elmsford, NY 10523

Cach Llc  
370 17th St Ste 5000  
Denver, CO 80202

ComEd  
Bill Payment Center  
Chicago, IL 60668

Amex  
P.o. Box 981537  
El Paso, TX 79998

Capital Management Services  
726 Exchange St., Ste. 700  
Buffalo, NY 14210

Cook County Treasurer  
PO Box 4468  
Carol Stream, IL 60197

Arlington Ridge Pathology  
520 E. 22nd St.  
Lombard, IL 60148

Chase  
800 Brooksedge Blvd  
Westerville, OH 43081

CPA Lab  
PO Box 950251  
Louisville, KY 40295

Askounis & Borst, PC  
180 N. Stetson St.  
Chicago, IL 60601

Chicago, City Of  
The Dept. Of Water Management  
PO Box 6330  
Chicago, IL 60680

Creditors Financial Group  
3131 S. Vaughn Way, Ste. 110  
Aurora, CO 80014

Assoc. In Obstetrics/Gynecology  
4121 Dutchmans Ln., Ste. 300  
Louisville, KY 40207

Children's Memorial Medical Group  
75 Remittance 1312  
Chicago, IL 60675

Darnette Holter  
2115 N. Central Park Ave.  
Chicago, IL 60647



Discover Fin Svcs Llc  
Po Box 15316  
Wilmington, DE 19850

Freedman Anselmo Lindberg  
1807 W. Diehl  
PO Box 3107  
Naperville, IL 60566

Laurie A. Martin Montplaisir  
Schuyler Roche  
1 Prudential Plaza, Ste. 3800  
Chicago, IL 60601

Donald Hoppa  
6463 West Byron Street  
Chicago, IL 60634

GE Transporation Finance  
PO Box 822108  
Philadelphia, PA 19182

Louisville/Jefferson Metro Gov.  
437 S. 3rd St.  
Louisville, KY 40202

Elk Grove Park District  
499 Biesterfield Rd.  
Elk Grove Village, IL 60007

Gmac Mortgage  
Po Box 4622  
Waterloo, IA 50704

Maria L. Herber  
2115 N. Central Park Ave.  
Chicago, IL 60647

Emc Mortgage  
800 State Highway 121 By  
Lewisville, TX 75067

Illinois Collection Service  
PO Box 1010  
Tinley Park, IL 60477

Maribel Cerrano  
2115 N. Central Park Ave.  
Chicago, IL 60647

Encore  
PO Box 47248  
Oak Park, MI 48237

Indymac Bank  
1 National City Pkwy  
Kalamazoo, MI 49009

National Action Financial  
165 Lawrence Bell Dr., Ste. 100  
PO Box 9027  
Williamsville, NY 14231

Financial Pacific Leasing, LLC  
3455S. 344th Way #300  
Federal Way, WA 98001-9546

Jalal Rais-Dana, MD  
2809 Woodmere  
Northbrook, IL 60062

Nationwide Credit, Inc.  
PO Box 740640  
Atlanta, GA 30374

First Revenue Assuranc  
200 Fillmore St Ste 300  
Denver, CO 80206

Janett Ortiz  
2115 N. Central Park Ave.  
Chicago, IL 60647

NCO Financial Systems  
Transcore / Trucker's Edge  
Box 3801, PO Box 8500  
Philadelphia, PA 19178

First Revenue Assurance  
PO Box 3020  
Albuquerque, NM 87110

Jose Pomales  
2115 N. Central Park Ave.  
Chicago, IL 60647

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

FMA Alliance, Ltd.  
11811 North Freeway, Ste. 900  
Houston, TX 77060

KCA Financial Services  
628 North Street  
PO Box No. 53  
Geneva, IL 60134

Northwest Community Hospital  
PO Box 95698  
Chicago, IL 60694

Frederick J. Hanna & Assoc.  
1427 Roswell Rd.  
Marietta, GA 30062

Laurie A. Martin  
1 Prudential Plaza  
130 East Randolph St.  
Chicago, IL 60601

Northwest Community Physicians  
520 E. 22nd St.  
Lombard, IL 60148

Northwest Radiology Assoc.  
520 E. 22nd St.  
Lombard, IL 60148

Quest Diagnostic  
PO Box 64804  
Baltimore, MD 21264

West Asset Management  
7820 E. Broadway Ave., Ste. 200  
Tucson, AZ 85710

Norton Healthcare  
Dept. 86100  
PO Box 36370  
Louisville, KY 40233

RMS  
4836 Brtecksville Rd.  
PO Box 523  
Richfield, OH 44286

Wfnnb/harlem Furniture  
Po Box 2974  
Shawnee Mission, KS 66201

Osi Collection Service  
1375 E Woodfield Rd Ste  
Schaumburg, IL 60173

RMS  
240 Emery Street  
PO Box 20410  
Lehigh Valley, PA 18002

World Financial Network  
PO Box 182124  
Columbus, OH 43218

OSI Collection Services  
PO Box 6110  
Westerville, OH 43086

Roberta Jackson  
2115 N. Central Park Ave.  
Chicago, IL 60647

OSI Collection Services  
PO Box 959  
Brookfield, WI 53008

Schur, William G.  
10 S. LaSalle St., Ste. 3500  
Chicago, IL 60603

Pediatric Faculty Foundation, The  
PO Box 2787  
Springfield, IL 62708

Shindler, Keith Scott  
1990 E. Alginquin Rd., Ste. 180  
Schaumburg, IL 60173

Pedro Ramos  
2115 N. Central Park Ave.  
Chicago, IL 60647

Tereza Mercado  
2115 N. Central Park Ave.  
Chicago, IL 60647

Pellettieri & Associates  
Dept. 77304  
PO Box 77000  
Detroit, MI 48277

Viking Collection Service  
PO Box 29210  
Phoenix, AZ 85038

Pentagroup Financial, LLC  
5959 Corporate Dr., Ste. 1400  
Houston, TX 77036

Wells Fargo  
P.O.Box 5470  
Los Angeles, CA 90054-0789

Pierce & Associates  
1 N. Dearborn St., Ste. 1300  
Chicago, IL 60602

Wells Fargo Bank Nv Na  
Po Box 31557  
Billings, MT 59107

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Caballero, Bernardo D & Caballero, Ailen**Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **1,800.00**

Prior to the filing of this statement I have received ..... \$ **1,200.00**

Balance Due ..... \$ **600.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 21, 2008**

Date

**/s/ Randall A. Wolff**

Signature of Attorney

**Randall A. Wolff**

Name of Law Firm

**B22A (Official Form 22A) (Chapter 7) (01/08)**In re: **Caballero, Bernardo D & Caballero, Ailen**

Debtor(s)

Case Number: \_\_\_\_\_

(If known)

According to the calculations required by this statement:

☐ **The presumption arises**☒ **The presumption does not arise**

(Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME  
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

**Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS**

1A

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2

**Marital/filing status.** Check the box that applies and complete the balance of this part of this statement as directed.

a. ☐ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 3-11.**

b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." **Complete only Column A ("Debtor's Income") for Lines 3-11.**

c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. **Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.**

d. ☒ Married, filing jointly. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.

**Column A  
Debtor's  
Income****Column B  
Spouse's  
Income**

3

**Gross wages, salary, tips, bonuses, overtime, commissions.**\$ **3,466.66**

\$

4

**Income from the operation of a business, profession or farm.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part V.**

a. Gross receipts

\$

b. Ordinary and necessary business expenses

\$

c. Business income

Subtract Line b from Line a

\$

\$

**B22A (Official Form 22A) (Chapter 7) (01/08)**

<b>5</b>	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>						
	a.	Gross receipts	\$	<b>6,400.00</b>			
	b.	Ordinary and necessary operating expenses	\$	<b>6,562.00</b>			
	c.	Rent and other real property income	Subtract Line b from Line a				
			\$	\$			
<b>6</b>	<b>Interest, dividends, and royalties.</b>		\$	\$			
<b>7</b>	<b>Pension and retirement income.</b>		\$	\$			
<b>8</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$	\$			
<b>9</b>	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td><td style="width: 20%;">Debtor \$ _____</td><td style="width: 40%;">Spouse \$ _____</td></tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____					
<b>10</b>	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.		\$				
	b.		\$				
	Total and enter on Line 10		\$	\$			
<b>11</b>	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$	<b>3,466.66</b>			
<b>12</b>	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$	<b>3,466.66</b>			
<b>Part III. APPLICATION OF § 707(B)(7) EXCLUSION</b>							
<b>13</b>	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.			<b>\$ 41,599.92</b>			
<b>14</b>	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>4</u>			<b>\$ 77,634.00</b>			
<b>15</b>	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.						

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

**B22A (Official Form 22A) (Chapter 7) (01/08)**

**Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)**

16	<b>Enter the amount from Line 12.</b>	\$									
17	<p><b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	\$
a.		\$									
b.		\$									
c.		\$									
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$									

**Part V. CALCULATION OF DEDUCTIONS FROM INCOME**

**Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)**

19A	<p><b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>		\$																								
19B	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1"> <thead> <tr> <th colspan="3">Household members under 65 years of age</th> <th colspan="3">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td></td> <td>a2.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal		\$
Household members under 65 years of age			Household members 65 years of age or older																								
a1.	Allowance per member		a2.	Allowance per member																							
b1.	Number of members		b2.	Number of members																							
c1.	Subtotal		c2.	Subtotal																							
20A	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).</p>		\$																								
20B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rental expense</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																									
c.	Net mortgage/rental expense	Subtract Line b from Line a																									

**B22A (Official Form 22A) (Chapter 7) (01/08)**

21	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									

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25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>	\$									
26	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>	\$									
27	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>	\$									
28	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b>	\$									
29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$									
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$									
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$									
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$									
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$									
<b>Subpart B: Additional Expense Deductions under § 707(b)</b> <b>Note: Do not include any expenses that you have listed in Lines 19-32</b>											
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: center;">\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									



**B22A (Official Form 22A) (Chapter 7) (01/08)**

37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$																									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$																									
39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$																									
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$																									
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$																									
<b>Subpart C: Deductions for Debt Payment</b>																											
42	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 15%;">Average Monthly Payment</th><th style="width: 20%;">Does payment include taxes or insurance?</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td><td></td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no		Total: Add lines a, b and c.				\$
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c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
	Total: Add lines a, b and c.																										
43	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 35%;">1/60th of the Cure Amount</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$		Total: Add lines a, b and c.			\$					
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a.			\$																								
b.			\$																								
c.			\$																								
	Total: Add lines a, b and c.																										
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$																									

**B22A (Official Form 22A) (Chapter 7) (01/08)**

45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.		\$
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		X
	c.	Average monthly administrative expense of chapter 13 case		Total: Multiply Lines a and b
			\$	
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.		\$	
<b>Subpart D: Total Deductions from Income</b>				
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.		\$	
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>				
48	<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>		\$	
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>		\$	
50	<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.		\$	
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.		\$	
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than \$6,575.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$10,950.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$6,575, but not more than \$10,950.</b> Complete the remainder of Part VI (Lines 53 through 55).			
53	<b>Enter the amount of your total non-priority unsecured debt</b>		\$	
54	<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.		\$	
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.			

**B22A (Official Form 22A) (Chapter 7) (01/08)**

**Part VII. ADDITIONAL EXPENSE CLAIMS**

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
Total: Add Lines a, b and c		\$

**Part VIII. VERIFICATION**

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: **August 21, 2008** Signature: **/s/ Bernardo D Caballero**  
(Debtor)

Date: **August 21, 2008** Signature: **/s/ Ailen Caballero**  
(Joint Debtor, if any)